United States Postal Service

## **Drop Shipment Verification/Clearance** (PVDS) for Standard (A) Mail

| Requested In-Home Delivery Dates (3-day window) |                                           |  |  |  |
|-------------------------------------------------|-------------------------------------------|--|--|--|
| Plant-Verified Drop Shipment                    | ☐ Origin Mailing Plant (DMU Verification) |  |  |  |
| (PVDS) Verified and Paid for at:                | □ Origin Post Office (BMEU Verification)  |  |  |  |

## Section I - Mailer

- A. Complete section I and section III, item 1. Section I, items 9 and 10 are optional. (If an appointment is required, item 8 is required at time of entry.)

| (BMEU) when the shipment is pres                                                                                                                                                                                                                                                                                                       | sented for verification and clearance for                                 | •                                                                                                                          | ·                            |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|--|--|--|
| C. After the verifying employee has completed, signed, and dated this form, attach parts 1 and 3 to the left inside rear wall of the vehicle by doors. If the vehicle is to stop at multiple destination facilities to deposit mail, place the clearance documents for each stop in seperate en bearing the name of each entry office. |                                                                           |                                                                                                                            |                              |  |  |  |  |  |
| 1. Mailer's Name                                                                                                                                                                                                                                                                                                                       |                                                                           | 7. Type and □ Pallets With: □ Trays □ Sack                                                                                 | s □Pkas.                     |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        |                                                                           | Number of Containers □ Trays □ Sacks: □□ Other (Describe): □                                                               |                              |  |  |  |  |  |
| 2. Origin Plant Location or Post Office                                                                                                                                                                                                                                                                                                | e of Verification (City, State, ZIP + 4)                                  | 8. Drop Shipment Appointment No.\ (May be added after verification) (Optional,                                             | · ·                          |  |  |  |  |  |
| 3. Product Name                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                            |                              |  |  |  |  |  |
| Mail Type     (Check all that apply)                                                                                                                                                                                                                                                                                                   | 5. Destination Entry Discounts Claimed (Check all that apply)             | 10a. Additional documentation attached describin at entry office (e.g., bill of lading, sack/tray/pdiagram, etc.)          |                              |  |  |  |  |  |
| □ Letters □ Irregular Parcels                                                                                                                                                                                                                                                                                                          | □ DDU □ DBMC                                                              | Ulagram, etc.) □ Yes                                                                                                       | □No                          |  |  |  |  |  |
| □ Flats □ Outside Parcels                                                                                                                                                                                                                                                                                                              | □ DSCF □ Zone Rates                                                       | 10b. Mail Consolidator will Deposit Mail ☐ Yes                                                                             | □No                          |  |  |  |  |  |
| □ Machinable Parcels                                                                                                                                                                                                                                                                                                                   | ☐ Shipment includes pieces for delivery outside entry office service area | 10c. Name of Consolidator:                                                                                                 |                              |  |  |  |  |  |
| 6. Total Gross Weight of Shipment                                                                                                                                                                                                                                                                                                      | 1                                                                         | 11. Mailing Statement Number                                                                                               |                              |  |  |  |  |  |
| Section II - Post Office of Origi                                                                                                                                                                                                                                                                                                      | n (Mhara Chinmant is Varified)                                            |                                                                                                                            |                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                                                            |                              |  |  |  |  |  |
| A. Be sure mailer has completed Sec <i>try</i> .)                                                                                                                                                                                                                                                                                      | ition I and Section III, item 1. (Items 9                                 | and 10 are optional. Item 8 may be completed after                                                                         | er dispatch at time of en-   |  |  |  |  |  |
| • •                                                                                                                                                                                                                                                                                                                                    | umber that will be used to seal mailer's                                  | s vehicle (at mailer's request) and vehicle identificati                                                                   | on number in items 11        |  |  |  |  |  |
| C. Retain part 2 (with Form 3602-PV)                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                            |                              |  |  |  |  |  |
| E. After vehicle is loaded, secure with                                                                                                                                                                                                                                                                                                | blue plastic PVDS seal (do not use n                                      | the vehicle in which shipments are dispatched. netal seal) at mailer's request.                                            |                              |  |  |  |  |  |
| 1. Origin Post Office (City, State, and ZIP + 4) 3. Permit                                                                                                                                                                                                                                                                             |                                                                           | T: □ Permit Imprint □ Meter                                                                                                |                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        |                                                                           | □ Precanceled Stamps                                                                                                       |                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        | 4. Total Pieces                                                           | 5. Total Weight                                                                                                            |                              |  |  |  |  |  |
| Vehicle Seal Number     6. Vehicle ID Nu                                                                                                                                                                                                                                                                                               |                                                                           | nher                                                                                                                       |                              |  |  |  |  |  |
| Z. Veriloid deal Hamber                                                                                                                                                                                                                                                                                                                | o. Vernole 12 IVan                                                        |                                                                                                                            | USPS Round Stamp (Required)  |  |  |  |  |  |
| Section III - Destination Entry                                                                                                                                                                                                                                                                                                        | Post Office or Delivery Unit                                              |                                                                                                                            | Cor o Round Glamp (Regulica) |  |  |  |  |  |
| <u>-</u>                                                                                                                                                                                                                                                                                                                               | -                                                                         |                                                                                                                            |                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        | • • •                                                                     | <ul> <li>deposited (e.g., count containers, weigh shipmen<br/>matched that on the seal removed from the vehicle</li> </ul> |                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        | •                                                                         | complete section III, items 2-9, and accept the mail                                                                       |                              |  |  |  |  |  |

- D. Retain part 1, along with the seal removed from the vehicle, in your files for 1 year.
- E. If the shipment volume and/or seal number do not match: (1) hold the shipment and vehicle, and (2) call the office of origin or the district office that made the appointment immediately to resolve the discrepancy. Describe any irregularities in item 7. (Use additional sheets, if necessary).

| 1. | Entry Office (City, State,          | ZIP + 4)             | 7. | Comments                   |                   |
|----|-------------------------------------|----------------------|----|----------------------------|-------------------|
| 2. | USPS Receiving Employee's Signature |                      |    |                            |                   |
| 3. | Date Accepted                       | 5. Date of Departure |    |                            |                   |
| 4. | Time of Arrival                     | 6. Time of Departure | 8. | Vehicle Seal No. if Sealed | 9. Vehicle ID No. |